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STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COM	1000000				Dr	-	
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This is an (check one) Initial Statement Amended Statement COMMITTEE (PLEASE TYPE OR PRINT) Name Psychologists for Legislative Impact in Kansas Mailing Address (Street, City, State, Zip Code) Business Telephone Po. 8 ox 3326, Lawrence, Ks (6046 (185) 856-9572 CHARPERSON Name Home Telephone Mare Schlosbera Mailing Address (Street, City, State, Zip Code) Business Telephone 8629 Blue jacket, Ste 100, Lenaka, KS, 66214 (913) 677-3553 TREASURER Name Patricia A. Bar lell Home Telephone (785) 841-2701 Mailing Address (Street, City, State, Zip Code) Business Telephone P.O. 8 ox 3326, Lawrence, KS, 66046 AFFILIATED OR CONNECTED ORGANIZATIONS Name Kansas Psychological Association Mailing Address (Street, City, State, Zip Code) P.O. 8 ox 3326, Lawrence, KS 66046 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor." 10-3-05 (Date) (Signature of Charperson) Treasurer	FOR POL	ITICAL ACTI	ON COMMITTE	ES AND PAR	THE PART OF STREET	marketing spring prings of the State on	
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